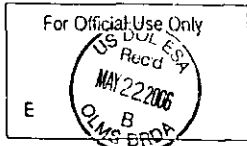# FORM LM-30
# LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

| 1. File Number  U - 4590 | 2. Fiscal Year Covered From: |
| --- | --- |
| | 1 / 1 / 2005 Through: 12 / 31 / 2005 |

| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. |
| --- | --- |
| Name Christopher Roos | Name Teamsters Local 1035 |
| | Labor Organization File Number 537-092 |
| P.O. Box, Bldg., Room No., if any Unit 2B | P.O. Box, Building and Room Number, if any Unit 2B |
| Street 400 Chapel Rd | Street 400 Chapel Rd |
| City South Windsor | City South Windsor |
| State CT    ZIP Code + 4 06074 | State CT    ZIP Code + 4 06074 |

5. Position in labor organization.  Principal Officer

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an **employer whose employees your organization represents or is actively seeking to represent.**

| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. |
| --- | --- |
| Name | |
| Trade Name, if any: | |
| P.O. Box, Bldg., Room No., if any | |
| Street | 7.b. Amount. |
| City | |
| State    ZIP Code + 4 | |

## Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Christopher Roos     On 5-12-06     860-528-9159
                                        Date            Telephone Number

**B.** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Teamsters Local 1035 Health & Welfare Plan**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Unit 2A**

Street **400 Chapel Rd**

City **South Windsor**

State **CT**   ZIP Code + 4 **06074**

9. Business deals with:

[X] a. Labor Organization

[ ] b. Trust

[ ] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

11.a. Nature of such dealing.

**To Provide Health & Welfare Benefits for Local 1035 Union members**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**Trustees meeting of Tri-State Joint Fund Annual meetings.**

12.b. Amount.   **1,174.27**

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4
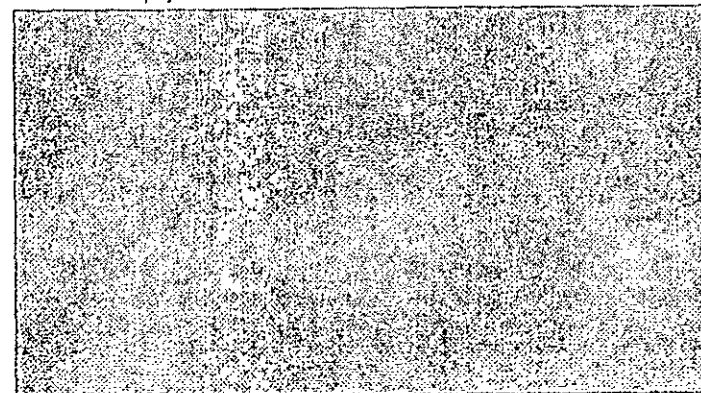
13.b. Is the Business an Employer [ ]   or Consultant [ ]   ?

14.a. Nature of payment.

14.b. Amount of payment.